

[illegible]

SPPP Form 16 – Standard Operating Procedures

Municipality Information	Municipality: _____ County: _____	
	NJPDES # : _____ PI ID #: _____	
	Team Member/Title: _____	
	Effective Date of Permit Authorization (EDPA): _____	
	Date of Completion: _____ Date of most recent update: _____	
BMP	Date SOP went into effect	Describe your inspection schedule
Fueling Operations (including the required practices listed in Attachment D of the permit)		
Vehicle Maintenance (including the required practices listed in Attachment D of the permit)		
Good Housekeeping Practices (including the required practices listed in Attachment D of the permit) Attach inventory list required by Attachment D of the permit.		